



## Equality monitoring form

- What was your age last birthday?

- Do you consider yourself to have an illness or disability which has lasted or is expected to last 12 months?
  - No
  - Physical disability
  - Learning disability
  - Mental health
  - Sight loss
  - Blindness
  - Hearing loss
  - Deafness
  - Other substantial and long term condition

If so, what support do you need?

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- What is your postcode?

- Which of the following best describes your religious beliefs
  - No religion

- Christian
  - Buddhist
  - Hindu
  - Jewish
  - Muslim
  - Sikh
  - Other
- Which of the following best describes how you think of yourself?
    - White English / Welsh / Scottish / Northern Irish / British
    - White Irish
    - White East European
    - White other
    - Mixed white / Caribbean
    - Mixed white / African
    - Mixed white / Asian
    - Mixed other
    - Asian or Asian British Indian
    - Asian or Asian British Pakistani
    - Asian or Asian British Bangladeshi
    - Chinese or Chinese British
    - Asian or Asian British other
    - Black British / Caribbean
    - Black British / African
    - Black British other
    - 
    - Arab
    - Gypsy or traveller
    - Other –
      - .....
- Are you pregnant or have you had a child in the last year?
    - Yes
    - No

Do you have caring responsibilities for

- One or more child(ren) under 5 years old?
- One or more child(ren) over 5 years but under 12?

- One of more child(ren) over 12 but under 16?
  - An adult?
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